

COMBINED DECLARATION AND POWER OF ATTORNEY

PATENT

ATTORNEY DOCKET NO: 112284-128US

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **MODIFIED FAT COMPOSITION**, the specification of which

- ☒ is attached hereto.  
☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_.  
☐ was described and claimed in PCT International Application No. \_\_\_\_\_  
filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Mary Rose Scozzafava, Reg. No. 36,268

Address all telephone calls to: Mary Rose Scozzafava at (617) 526-6000.

Address all correspondence to: Mary Rose Scozzafava at Hale and Dorr, LLP, 60 State Street, Boston, MA 02109 **Customer No. 23483**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Dov Tamarkin			Israel

Signature: _____	Date: _____
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Signature:	Date:
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Signature:	Date:
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